



# APPLICATION FOR EMPLOYMENT

## PERSONAL DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

If you are under 18 years of age, please specify your age here \_\_\_\_\_.

**Please Note:** This information will be used only for child labor law purposes.

Do you have any prior commitments during Spring (April-June)? \_\_\_\_\_

Are there any days, shifts or hours you will not work? \_\_\_\_\_

Please fill in **availability** below.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
8am	8am	8am	8am	8am	8am	8am
6pm	6pm	6pm	6pm	6pm	6pm	6pm

Will you work overtime, and weekends if required? \_\_\_\_\_

When will you be able to start work? \_\_\_\_\_ Desired Hours: \_\_\_\_\_

Were you referred, if so by who? \_\_\_\_\_

Have you ever applied or worked here before? Yes  No  If yes, provide dates: \_\_\_\_\_

Are you legally authorized to work in the United States of America? Yes  No

**Please Note:** The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form 1-9" be completed for every new hire and that within 3 business days of beginning of work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

## DRIVING RECORD *(Answer only if driving is a requirement of the job for which you are applying.)*

Do you have a valid drivers license? Yes  No

State \_\_\_\_\_ License No. \_\_\_\_\_

## EDUCATION *(Describe any educational degrees, skills, training, or experience you believe are relevant.)*

NAME, CITY AND STATE OF EDUCATIONAL INSTITUTION	GRADUATION YEAR IF GRADUATED	DEGREE TYPE, OR EXPECTED DEGREE	MAJOR
Highschool			
College/University			
Licenses/Certifications/Other			

**EMPLOYMENT HISTORY** *(Complete for all full-time or part-time employment starting with the most recent.)*

Company Name	Telephone #
Address	Date Employed From: _____ To: _____
Name of Supervisor May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pay Rate (Optional)
State job title and Describe job duties	Reason For Leaving
Company Name	Telephone #
Address	Date Employed From: _____ To: _____
Name of Supervisor May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pay Rate (Optional)
State job title and Describe job duties	Reason For Leaving
Company Name	Telephone #
Address	Date Employed From: _____ To: _____
Name of Supervisor May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pay Rate (Optional)
State job title and Describe job duties	Reason For Leaving

Please explain any gaps in your employment history? \_\_\_\_\_

Have you ever been discharged or forced to resign? Yes  No  If yes, please explain: \_\_\_\_\_

**Please Note:** "I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_